

2020 Health Alert #10:

COVID-19 Updates for New York City Face Mask Use Policy, Swab Shortage, Reporting COVID-19 Related Deaths and Crisis Communication Resources

- The number of persons diagnosed with COVID-19 in New York City continues to rise
- New face mask policy for health care workers and other staff who work in health care facilities providing patient care
- Serious shortage of swabs used for collecting upper respiratory specimens to diagnose COVID-19
- How to report COVID-19 related deaths using eVital
- Where to find critical care and crisis communication resources

April 11, 2020

Dear Colleagues:

It has been more than five weeks since New York City reported its first person diagnosed with COVID-19. We continue to see an increasing number of persons diagnosed with COVID-19, including those who require hospitalization. As of April 11, 2020, there were 96,522 COVID-19 cases reported in New York City, with 27% hospitalized, and 5,463 confirmed deathsⁱ.

To continue to flatten the curve of this pandemic and to protect health care delivery systems, it is critical to continue to enforce and adhere to existing mitigation measures, including all social (physical) distancing interventions. For the most current epidemiologic data on COVD-19 in NYC, providers can refer to the New York City Health Department's revised <u>data webpage</u>. Data now include race and ethnicity and can be downloaded for use.

The Centers for Disease Control and Prevention (CDC) has posted a comprehensive national report called <u>COVIDview</u>. The report provides a weekly summary and interpretation of key indicators being adapted to track the COVID-19 pandemic in the United States. This includes information related to COVID-19 outpatient visits, emergency department visits, hospitalizations and deaths, and laboratory data.

Face Mask Policy for Health Care Workers and other Staff Who Work in Health Care Facilities Providing Patient Care

The supply of personal protective equipment (PPE) remains tenuous. Many health care workers practice in environments where they may face continuous potential exposure to SARS-CoV-2. Health care workers who provide direct care are often unable to maintain physical distance from their patients and are often exposed to bodily fluids such as saliva while providing care to COVID-19 patients. In addition to direct patient care, all health care workers and other staff who work in a health care facility are at risk of exposure to other health care workers and patients who may be shedding virus while asymptomatic. Health care workers and other staff who work in a health care facility while asymptomatic also pose a

risk to patients. It is therefore recommended that all employees within a health care facility that is providing care to patients wear a face mask. The face mask should be worn by staff while they are in the health care facility, regardless of the type of setting or service being provided. Health care workers and other staff who work in health care facilities should follow guidance from their health care facility regarding what type of face mask to wear.

Serious Shortage of Swabs Used for Collecting Upper Respiratory Specimens to Diagnose COVID-19

There is a serious shortage of the swabs used for collecting upper respiratory specimens (e.g., nasopharyngeal, oropharyngeal (throat), and nasal swabs) required for SARS-CoV-2 testing. As the swab supply continues to decline, there is a real possibility hospitals will completely run out. At this time, providers are reminded to only test hospitalized patients in order to preserve resources that are needed to diagnose and appropriately manage patients with more severe illness.

Reporting COVID-19 Related Deaths to the NYC Health Department Using eVital

All deaths that occur in NYC, including any death possibly related to COVID-19, must be reported to the NYC Health Department through the online system known as eVital. Only authorized users can enter data or report deaths using eVital. Individuals who work in a hospital who are not authorized eVital users but who need to report a death should contact their eVital facility administrator. Health care facilities that are not authorized to use eVital can email eVital@health.nyc.gov for permission to report deaths. Deaths should not not sufficient to the NYC Health Department.

Critical Care Planning and Crisis Communication Resources

The Greater New York Hospital Association (GNYHA) hosts an online resource page, <u>Critical Care Planning Resources</u>, that includes links to various surge planning tools and strategies, clinical guidance, crisis planning, and just-in-time training resources.

The Center to Advance Palliative Care (CAPC), which is part of the Icahn School of Medicine at Mount Sinai, has developed a <u>COVID-19 Response Resources toolkit</u>. The toolkit includes protocols on crisis communication and symptom management, guidance for using Medicare COVID-19 emergency waivers, tools to help palliative care teams address high levels of volume and stress during a crisis, and more.

NYC Well and NYS COVID-19 Emotional Support

Emotional reactions to this emerging health crisis are expected. Remind yourself, your staff and your patients that feeling sad, anxious, overwhelmed or having other symptoms of distress such as trouble sleeping is normal. If symptoms become worse, encourage them, and yourself, to reach out for support and help. Call NYC Well at 888-NYC WELL (888 692-9355), or text "WELL" to 65173 for access to a confidential help line. An alternate option is the NYS COVID-19 Emotional Support Helpline at 844-863-9314 which is available seven days a week, from 8 a.m. to 10 p.m. The helpline is staffed with specially trained volunteer professionals who are there to listen, support and refer if needed.

NYC health care providers and institutions are reminded to check COVID-19 resources available on the NYC Health Department provider webpage and the CDC website.

Thank you for all that you continue to do to help New Yorkers get through this unprecedented medical and public health crisis.

Sincerely,

Demetre C. Daskalakis, MD, MPH

Deputy Commissioner

Division of Disease Control

ⁱ Due to the time required by the City to confirm that a death was due to COVID-19, the City's reported total for any given day is usually different than the State's number. For more information on data collection differences, visit nyc.gov/health/coronavirus and look for the "Data" tab.